

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-873)

SERIAL NO. **09/889-113**

FILED DATE

APPLICANT'S

		AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT									
		IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
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* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS